

**NEKTAR™****RECEIVED  
CENTRAL FAX CENTER****APR 10 2008**

201 INDUSTRIAL ROAD  
SAN CARLOS, CA 94070-6256  
650-631-3100 • 650-620-6395 FAX

---

**FACSIMILE TRANSMITTAL SHEET**

---

April 10, 2008

**TO: Mail Stop AF**  
Commissioner for Patents

**FROM: Michael J. Mazza**  
(Reg. No. 30,775)

**FAX NO.: (571) 273-8300**

**TELE. NO.: 650.620.5318**  
**FAX NO.: 650.620.6395**

**RE: U.S. Serial No: 10/698,025**  
Attorney Docket No.: 0150.00

**TOTAL NO. OF PAGES INCLUDING COVER: 16**

---

**DOCUMENTS SUBMITTED:**

---

Transmittal Form  
Reply Under 37 C.F.R. §1.116

(1 page)  
(14 pages)

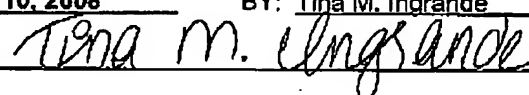
---

**Certificate of Facsimile Transmission:**

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office, **ATTN: MAIL STOP AF, (571) 273-8300**

on **April 10, 2008**BY: **Tina M. Ingrande**

Signed

**NOTICE OF CONFIDENTIALITY**

This transmission is intended only for the use of the Addressee and may contain information that is:  
1. Subject to attorney/client privilege; 2. Attorney work product; or 3. Confidential. If you are not the  
intended recipient, you are hereby notified that any dissemination, distribution or copying of the  
information contained in this facsimile is strictly unauthorized and prohibited. If you have received this  
facsimile in error, please notify us immediately by collect phone to the sender named above.

**APR 10 2008**

PTO/SB/21 (01-08)

Approved for use through 04/30/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>	Application Number	10/698,025	
	Filing Date	October 30, 2003	
	First Named Inventor	Carlos Schuler	
	Art Unit	3771	
	Examiner Name	Steven O. DOUGLAS	
(to be used for all correspondence after initial filing)		Attorney Docket Number	0150.00
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks It is believed that no fees are due for timely consideration of this paper. In the event that any fees are required, the Commissioner is hereby authorized and requested to charge Deposit Account No. 50-0348.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Nektar Therapeutics		
Signature	<i>Michael J. Mazza</i>		
Printed name	Michael J. Mazza		
Date	April 10, 2008	Reg. No.	30,775

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Tina M. Ingrande</i>		
Typed or printed name	Tina M. Ingrande	Date	04/10/2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

APR 10 2008

PATENT  
Attorney Docket No. 0150.00

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Carlos Schuler et al.

Examiner: Steven O. DOUGLAS

Serial No.: 10/698,025

Art Unit: 3771

Filed: October 30, 2003

Conf. No.: 7124

Title: **INCREASED DOSAGE METERED DOSE INHALER**

**REPLY UNDER 37 C.F.R. § 1.116**

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In response to the Final Office Action mailed February 12, 2008, please enter the following amendments and remarks.

Claims begin on page 2.

Remarks begin on page 10.